

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **539**

Registrar's No. **183**

1. Place of Death: (a) County **Yuma**

(b) City or Town **Dome**

(c) Location **ranch**

(d) Length of Stay: In Hospital or Institution **none**

(e) In Community **35 yrs**
(Specify whether years, months or days)

(f) In Arizona **35 yrs**

2. Usual Residence of Deceased: (a) State **Ariz**

(b) County **Yuma**

(c) City or Town **Dome**
(If outside city limits also write RURAL)

(d) Street No. **Walliston**

3. (a) FULL NAME **Frank A. Hall**

(b) If Veteran **W W I**

(c) Social Security No. **no**

4. Sex **male**

5. Race **White** ☒ Indian ☐ Negro ☐ Oriental ☐

6. (a) Single, married, widowed or divorced **married**

(b) Name of husband or wife **Hazel Hall**

(c) Age of husband or wife, if alive **60 yrs.**

7. Birthdate of deceased **February 17 1876**
(Month) (Day) (Year)

8. AGE: Years **69** Months **8** Days **10**
If less than one day hrs. min.

9. Birthplace **Winn Maine**
(City, town or county) (State or Country)

10. Usual Occupation **rancher**

11. Industry or Business **retired**

12. Name **William Hall**

13. Birthplace **Maine**
(City, town or county) (State or Country)

14. Maiden Name **Ella Walliston**

15. Birthplace **Maine**
(City, town or county) (State or Country)

16. (a) Informant's own signature **Mrs Wanda Tucker**
(b) Address **305 West 6th St Azusa California**

17. (a) Burial, Cremation or Removal **Burial**

(b) Place **Yuma, Arizona** (c) Date **Nov. 19 1945**

18. (a) Embalmer's Signature **W. Johnson**

(b) Funeral Director **The Johnson Mortuary**

(c) Address **Yuma, Arizona**

19. (a) **November 1 1945**
(Date received Local Registrar)

(b) **Mary A. Wippherman**
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **10/27/45**, 19__

TIME (Hour and minute) **8:00AM** M.

21. I hereby certify that I attended the deceased from

DID NOT SEE ALIVE that I last saw h. alive on

and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**

Due to **cardio-vascular disease**

Due to

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

(e) Means of injury

While at work?

23. Signature **R. N. Latta, Coroner**

Address **Yuma Ariz** Date signed **11-1-45**

DURATION

few min

years

PHYSICIAN

Underline the cause to which death should be charged statistically